

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155694		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/10/2012	
NAME OF PROVIDER OR SUPPLIER BETZ NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 116 BETZ RD AUBURN, IN 46706			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00116203. Complaint IN00116203 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: October 9-10, 2012</p> <p>Facility number: 000306 Provider number: 155694 AIM number: 100273860</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: SNF/NF: 99 NCC: 5 Total: 104</p> <p>Census payor type: Medicare: 13 Medicaid: 60 Other: 31 Total 104</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on October 15, 2012 by Bev Faulkner, RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=E	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure residents requiring transfer with mechanical (Hoyer) lifts were provided the supervision of two assistants during the transfer process. This had the potential to affect 12 of 12 residents requiring 2 assists with mechanical lifts residing on the Central Unit. (Residents: "B", "C", "E", "F", "G", "H", "J", "K", "M", "N", "P", and "Q")</p> <p>Findings include:</p> <p>During the initial tour, on 10/09/12 between 11:55 a.m. and 12:30 p.m., LPN #4 provided the CNA worksheets (a tool to identify each resident's care needs) for the Central Unit and indicated the worksheets were current. The worksheets indicated 12 of 49 residents, who resided on the Central Unit, required Hoyer (a mechanical sling device to assist staff residents between bed, chair, and wheelchair surfaces) transfers. The CNA worksheets indicated Residents "B", "C", "E", "F", "G", "H", "J", "K", "M", "N",</p>		F0323	<p>F323 Free of Accident Hazards/Supervision/Devices</p> <p>1. Residents affected by the alleged deficient practice;</p> <ul style="list-style-type: none"> Twelve of twelve residents requiring two assists with mechanical (Hoyer) lift transfers were found to have the potential to be affected by the alleged deficiency. Staff are using two person assist with all mechanical (Hoyer) lift transfers. <p>2. All residents requiring two assists with mechanical (Hoyer) lift transfers are at risk to be affected by the alleged deficient practice.</p> <ul style="list-style-type: none"> Nursing staff have signed the Mechanical Lift skills validation acknowledging that they are aware of the need to have two staff persons at all times when using a mechanical lift. A staffing analysis has been completed by the Director of Nursing Services and Assistant Director of Nursing Services and approved by the Executive Director to identify staffing needs and appropriate utilization of patient per day (PPD) hours. Critical staffing with interventions 		10/26/2012	

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	<p>"P", and "Q" under "Mobility/Transfer Aids" as "A2 (Assist 2)-Hoyer".</p> <p>1. The record of Resident "C" was reviewed on 10/10/12 at 9:20 a.m. Resident "C" was admitted to the facility on 07/13/12 with diagnoses including, but not limited to, MS (multiple sclerosis), hypertension, and history of falls. Review of the admission MDS (Minimum Data Set:- a tool to assist staff in determining care needs), dated 07/20/12, indicated the resident was cognitively intact.</p> <p>Review of the "Functional Status" of the MDS indicated Resident "C" required extensive assistance and 2 or more person physical assist for transfer between surfaces including to or from: bed, chair, and wheelchair.</p> <p>Review of a Care Plan for ADL's (Activities of Daily Living), dated 07/21/12, indicated: "Assist with transfers as needed."</p> <p>Resident "C" was identified on the initial tour as interviewable. Resident "C" was interviewed on 10/10/12 at 9:30 a.m., and indicated she had recently been transferred with 1 assist with the Hoyer lift. Resident "C" indicated the transfers had occurred more than 2 times but less than 5 times.</p>		<p>has also been identified.</p> <ul style="list-style-type: none"> Residents requiring mechanical (Hoyer) lift transfers will be evaluated by therapy to determine if mechanical transfer is appropriate. <p>3. Systems to ensure alleged deficient practice does not recur;</p> <ul style="list-style-type: none"> A weekly HR meeting will be conducted with the ED, DNS and scheduler to determine staffing patterns and staffing needs. Nursing personnel will be in-serviced by the Staff Development Coordinator by 10/26/12 on the Mechanical Lift skills validation to assure two persons and appropriate technique is utilized. Charge nurse will make rounds every shift and document on a Nursing Rounds Form for residents requiring mechanical (Hoyer) lift transfers to assure two people and appropriate technique are utilized when transferring with a mechanical lift. <p>4. Monitoring to ensure alleged deficient practice does not recur;</p> <ul style="list-style-type: none"> DNS and/or designee will complete the Mechanical Lift Transfers CQI to ensure two persons and appropriate technique are utilized for resident safety when transferring residents with a mechanical lift. CQI form will be completed weekly x 4, monthly x 3, and then quarterly 				

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	<p>The DNS (Director Nursing Services) was interviewed on 10/10/12 at 11:40 a.m. The DNS indicated the care plans for Resident "C" were being in process of being updated to better reflect care needs for ADL's.</p> <p>2. The record of Resident "B" was reviewed on 10/10/12 at 9:45 a.m. Resident "B" was admitted to the facility on 08/16/90 with diagnoses including, but not limited to, Alzheimer's, hypertension, and adult FTT (Failure to Thrive).</p> <p>Review of the most recent MDS, dated 07/24/12, indicated the resident was not cognitive. Review of the "Functional Status" of the MDS indicated Resident "B" was totally dependent and required 2 or more person assist for transfer between surfaces including to or from: bed, chair, and wheelchair.</p> <p>Review of a Care Plan for ADL's, dated 02/06/12, indicated the resident required "Hoyer lift for all transfers." Review of a Care Plan for Fall Risk, dated 08/24/11, indicated the resident required "Hoyer lift for transfers..."</p> <p>Confidential staff interviews, during the survey, indicated Resident "B" had been transferred with one assist by direct care</p>			<p>thereafter to monitor. Findings will be brought to the CQI committee monthly then quarterly with tracking and trending discussed. If CQI reveals below the 90% threshold an action plan will be implemented.</p> <p>5. Date of Completion: 10/26/12</p>			

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	<p>staff.</p> <p>3. The record of Resident "E" was reviewed on 10/10/12 at 11:10 a.m. Resident "E" was admitted to the facility on 09/27/06 with diagnoses including, but not limited to, dementia, CHF (Congestive Heart Failure), osteoarthritis, atrial fibrillation, and PVD (Peripheral Vascular Disease).</p> <p>Review of the most recent MDS, dated 08/18/12, indicated the resident was not cognitive. Review of the "Functional Status" of the MDS indicated Resident "E" was totally dependent and required 2 or more assist for transfers.</p> <p>Review of a Care Plan for ADL's, dated 06/22/11, indicated, "Hoyer lift to be used for all transfers." Review of a Care Plan for Fall Risks, dated 06//22/11, indicated, "Hoyer lift to be used for all transfers."</p> <p>Resident "W" was identified by staff as interviewable. Resident "W" was interviewed on 10/10/12 at 11:30 a.m. Resident "W" is the roommate of Resident "E." Resident "W" indicated regarding Resident "E" : "...is an invalid. ...They usually have two to move her but sometimes only 1."</p> <p>4. Resident "X" was identified by staff as</p>						

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	<p>interviewable. Resident "X" was interviewed on 10/10/12 at 11:45 a.m. Resident "X" is the roommate of Resident "F". Resident "X" indicated Resident "F" had been recently transferred with one assist with the Hoyer recently. Resident "X" indicated: "...and sometimes they just lift her."</p> <p>5. Confidential staff interviews were conducted, throughout the survey between 10/09/12 at 12:00 p.m. and 10/10/12 at 11: 50 p.m. Those interviewed included RN's, LPN's, and 11 CNAs who had worked all 3 shifts. The interviews confirmed all 12 residents residing on the Central Unit had at one time or another been transferred with one assist instead of two. All CNA's interviewed indicated residents requiring Hoyer transfers were to have 2 assists at all times. Review of the staffing schedule, provided by the DNS (Director Nursing Services) following the initial tour, indicated the Central Unit to be staffed with 4 CNAs on day and evening shift and 2 CNAs on night shift. Interviews indicated CNA's are frequently pulled to other units or call-offs not replaced, resulting in only 1 or 2 CNAs on the unit with the capacity for 56 residents to receive care and services.</p> <p>CNA #5 indicated having provided Hoyer</p>						

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	<p>transfers for residents on the Central Unit without assistance. CNA #5 indicated scheduled help is pulled from unit to unit which has resulted in CNA #5 working alone.</p> <p>CNA #6 indicated has provided Hoyer transfers on the Central Unit without assistance. CNA #6 indicated working as the only CNA at times.</p> <p>CNA #7 indicated has transferred residents by self with the Hoyer lift. CNA #7 indicated has asked nursing staff for assistance, but they cannot leave medications unattended or are on the phone speaking to physicians. CNA #7 indicated staff is not always available when residents have been sitting up for a great length of time and need to be returned to bed.</p> <p>CNA #8 indicated has provided Hoyer transfers on the Central Unit without assistance.</p> <p>CNA #9 indicated has transferred residents by self with the Hoyer lift because help has been pulled between units. CNA #9 indicated due to volume of Hoyer transfer residents and acuity needs, cannot wait for assistance when a resident has been incontinent or sitting up for a great length of time.</p>						

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	<p>CNA #11 indicated frequently has worked alone due to call-offs (staff calling in ill), resulting in one assist transfer of residents. CNA #11 indicated attempts to get CNA from other halls but due to resident's need to be returned to bed or incontinence issues, has to transfer resident with one assist before help is available.</p> <p>The Director of Nursing Services during interview on 10/10/12 at 11:40 a.m., indicated residents who require Hoyer transfers are to be 2 person assists.</p> <p>This Federal tag relates to Complaint # IN00116203.</p> <p>3.1-45(a)(2)</p>						